Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Depa	rtment of t	the Treasury		ter social security n		-		-		Open to Public		
Intern	al Revenu	ue Service	Go to v	vww.irs.gov/Form9	90 for instructions	and the lates	t inforr	nation.		Inspection		
Α	For the	2022 calend	lar year, or tax year beg	inning		, 2022, a	and end	ding		, 20		
В	Check if a	pplicable:	C Name of organization U	nhurried Livi	ng Inc				D Emplo	oyer identification number		
	Address c	hange	Doing business as				1			81-2220486		
	Name cha	ange	Number and street (or P.O.	box if mail is not delivered to	o street address)		Room/s	uite	E Telepl	hone number		
	Initial retu	rn	22365 El Toro Road 118									
	Final retur	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross										
	Amended	return	Lake Forest,	CA 92630-5053					\$	200,505		
	Application	n pending	F Name and address of princip		adling			H(a) Is this a	group return f	for subordinates? Yes X No		
				rvo Mission V	iejo CA 92691			H(b) Are all	subordinate	es included? Yes No		
I	Tax-exem		501(c)(3) 501(c) () (insert no.)	4947(a)(1) or	527		lf "No,"	attach a lis	st. See instructions		
J	Website:		urriedliving.com	<u>ہ</u>				H(c) Group	exemption	number		
				ssociation Other		L Year of format	ion: 20	16 M S	State of leg	al domicile: CA		
Pa			•									
	1	Briefly descr	ribe the organization's mis	sion or most significa	ant activities: Tra	in leader	s to	live de	eper	fuller lives		
e	Part I Summary 1 Briefly describe the organization's mission or most significant activities: Train leaders to live deeper fuller lives 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 6 4 6 5 3 6 7a Total number of volunteers (estimate if necessary) 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year											
anc												
ern		<u></u>										
NO K				•	•				1 1	_		
ي م												
es									-			
iviti									-	3		
Act			·	• • •								
	b	Net unrelate	ed business taxable incom	ne from ⊢orm 990-1, F	Part I, line 11 • • •	• • • • • • •	••••		76			
								Prior Year				
_			s and grants (Part VIII, lin							97,219		
Revenue	9	-	rvice revenue (Part VIII, li							95,814		
evel			ncome (Part VIII, column							0		
č			ue (Part VIII, column (A),							4,258		
			e - add lines 8 through 11							197,291		
			similar amounts paid (Par							0		
	14		d to or for members (Part							0		
ŝ			ner compensation, employe	•						147,659		
Expenses			I fundraising fees (Part IX)					0		
xpe			ising expenses (Part IX, c		-)	0	-					
Ш			ises (Part IX, column (A),							53,242		
	18	•	ses. Add lines 13-17 (mu	1 /		•••••				200,901		
	19	Revenue les	s expenses. Subtract line		• • • • • • • • • •	• • • • • • •				(3,610)		
Net Assets or	8 20	Total acceta	(Part X, line 16)				ве	ginning of Curr		End of Year		
sset	20		es (Part X, line 10)						8,880	63,717		
let A	21		or fund balances. Subtrac						1,850 2,030	<u>5,297</u> 58,420		
	rt II		ire Block		••••	•••••		02	2,030	50,420		
			clare that I have examined this re	turn. including accompanyir	ng schedules and statemer	its. and to the best	t of my kn	owledge and be	lief. it is			
			claration of preparer (other than o				,		- ,			
		Alan	Fadling									
Sig	n	Signature of offic							L	te		
Hei		•	Fadling, Presid	on+								
	-	Type or print na		646								
			eparer's name	Preparer's signature		Date		Check	if	PTIN		
Pai	d	Belinda		Belinda Kent		05-09-20	123	self-em		P00229349		
	e parer			Kent Tax & A	ccounting	pJ-09-20		Firm's EIN	picyeu	100223333		
	e Only				councing			Phone no.				
200	y	auures		e PA 15106					412-9	863-3740		
		1	Curneys									

For Paperwork Reduction Act Notice, see the separate instructions.

Form	m 990 (2022) Unhurried Living Inc	81-2220486	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	•••••	•
1	Briefly describe the organization's mission:		
	Train leaders to live deeper fuller lives		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes <u>x</u> I	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
-	services?	🗌 Yes 🕱 I	No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measu		
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to the total expenses, and revenue, if any, for each program service reported.	others,	
4a	(Code:) (Expenses \$ 66,967 including grants of \$) (Revenue	\$)
	Develop print, video and digital resources to support the teaching, training		work.
	These resources advance the mission of Unhurried Living by creating resource		
4b	(Code:) (Expenses \$66,967 including grants of \$) (Revenue	\$)
	Provision of training in unhurried living and unhurried leadership through	mentoring indiv	iduals
	and small groups. This work is done primarily by staff in the US.		
4c	(Code:) (Expenses \$66,967 including grants of \$) (Revenue	\$)
	Conference and retreat speaking engagements by the staff of Unhurried Livin		ng
	engagements take place where invitations are given in both the US and overs	eas	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 200,901		
EEA		Form 99	0 (2022)

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Pa	rt IV Checklist of Required Schedules				
			_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		.	v	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions		1 2	x x	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		2	•	
Ū	candidates for public office? If "Yes," complete Schedule C, Part I	:	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)				
	election in effect during the tax year? If "Yes," complete Schedule C, Part II		1		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,				
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	!	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors				
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If				
	"Yes," complete Schedule D, Part I	🔤	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	· • • • <u>†</u>	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III • • • • • • • • • • • • • • • • •	•••• [8	3		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a				
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or				
	debt negotiation services? If "Yes," complete Schedule D, Part IV	•••• [9	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments				
	or in quasi endowments? If "Yes," complete Schedule D, Part V		0		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,				
а	VII, VIII, IX, or X as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>				
u	complete Schedule D, Part VI	11	a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more	⊢			А
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11	b		x
с					
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11	lc		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11	d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11	le		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11	f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI and XII	12	2a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If				
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		-		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		3		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	· · · · 1	4a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,				
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1	4 6		Ŧ
15	foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	••••	4b		X
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.		5		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	···· ⊢			А
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	1	6		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on				
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	1	7		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	🕴 1	8		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III	[1	9		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20)a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this retum?	20)b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or				
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	2	21		X

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Pa	rt IV Checklist of Required Schedules (continued)				
		[Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		22		
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	••••	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated				
	employees? If "Yes," complete Schedule J.		23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	•••••	20		А
_ 14	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b				
	through 24d and complete Schedule K. If "No," go to line 25a.		24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		-		
	to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior				
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?				
	If "Yes," complete Schedule L, Part I		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%				
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	•••••	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key				
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee				
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these				
	persons? If "Yes," complete Schedule L, Part III	•••••	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,				
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	-	28a		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	•••••	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If		00-		
20	"Yes," complete Schedule L, Part IV		28c 29		X
29 20	-	••••	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		30		v
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		31		X
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>II</i> res, complete schedule 14, 7 al 17.	•••••	51		X
52	complete Schedule N, Part II		32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		02		А
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part L.		33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,				
	or IV, and Part V, line 1		34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable				
	related organization? If "Yes," complete Schedule R, Part V, line 2		36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	•••••	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and				
	19? Note: All Form 990 filers are required to complete Schedule O		38	x	
Par					_
	Check if Schedule O contains a response or note to any line in this Part V	• • • • • • •	• • •		
-		[Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	5			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and		4.5		
	reportable gaming (gambling) winnings to prize winners?	••••	1c	X	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	~		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7-		
h.	and services provided to the payor?	7a 7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	76 7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		L
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	16		v
	excess parachute payment(s) during the year?	15		X
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		v
10	If "Yes," complete Form 4720, Schedule O.	10		X
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	ow, and for	a "No"		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instructio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI				X
See	ction A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6			
	If there are material differences in voting rights among members of the governing body, or				
	if the governing body delegated broad authority to an executive committee or similar				
	committee, explain on Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent 	6			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with				
	any other officer, director, trustee, or key employee?		2	x	
3	Did the organization delegate control over management duties customarily performed by or under the direct				
	supervision of officers, directors, trustees, or key employees to a management company or other person?		3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		x
6	Did the organization have members or stockholders?		6		x
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint				
	one or more members of the governing body?		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	••••	74		А
5	stockholders, or persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	••••	10		•
0	the year by the following:				
~	The governing body?		8a	v	
a b	Each committee with authority to act on behalf of the governing body?	••••	8b	x x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	••••	00	Δ	
3	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q		9		v
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	••••	9		<u>x</u>
000				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a	100	x
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	••••	Tou		A
Ň	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form		11a	x	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	···· • • •	Tia	•	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.		12a	v	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to confli	••••	12a	x x	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		.20	Α	
U	describe on Schedule O how this was done		12c	x	
13	Did the organization have a written whistleblower policy?		120	Α	x
13	Did the organization have a written document retention and destruction policy?		13		
14 15	Did the process for determining compensation of the following persons include a review and approval by	• • • •	14		X
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
•	The organization's CEO, Executive Director, or top management official		15a		v
a b	Other officers or key employees of the organization		15a 15b		X X
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	• • • •	150		•
160					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a tayable patity during the year?		160		v
h	with a taxable entity during the year?	• • • •	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the		104		
800	organization's exempt status with respect to such arrangements?	• • • •	16b		
	tion C. Disclosure				
17 19	List the states with which a copy of this Form 990 is required to be filed California				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	51(0)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
10	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest polic	у,			
00	and financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records.				
	Alan Fadling (949)212-7904, 26391 Via Cuervo, Mission Viejo, CA 92691				

Form 990 (2022) Unhurried Living Inc	81-2220486	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	Compensated Employed	es, and
	Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII	<u></u>	🗌
Section A. C	Officers, Directors, Trustees, Key Employees, and Highest Compensated	Employees	
1a Complete th	is table for all persons required to be listed. Report compensation for the calendar year ending wit	h or within the	
organization's ta	x year.		
	he organization's current officers, directors, trustees (whether individuals or organizations), regard Enter -0- in columns (D), (E), and (F) if no compensation was paid.	lless of amount of	

· List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

· List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

· List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

	liou organizat		npon		C)	ly our	0111			
					sition					
(A)	(B)	(do n	ot cheo			ian one		(D)	(E)	(F)
Name and title	Average					both ar		Reportable	Reportable	Estimated amount
	hours per week	office	er and	a dir	ector/	(trustee)		compensation from the	compensation from related	of other compensation
	(list any			2	-	• -	F	organization (W-2/	organizations (W-2/	from the
	hours for	ndiv or dir	nstit	Officer	(ey e	ldui,	Former	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
	related	idua ecto	utior	٩	due	est c	ler	1099-NEC)	1099-INEC)	related organizations
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				
	below dotted line)	stee	uste		Û	ensa				
	dotted line)		œ			ated				
(1) Alan_Fadling	40.00									
President				x				64,140	0	0
(2) Gem Fadling	40.00									
Vice President				x				62,250	0	0
(3) Dave Huseby										
Director		x						0	0	0
(4) Cathy_Huseby										
Director		x						0	0	0
(5) Tom Christian										
Director		x						0	0	0
(6) Marla Christian										
Director		x						0	0	0
(7)										
<u>(8)</u>	·									
<u>(9)</u>										
<u>[10]</u>										
<u>(11)</u>	·									
<u>[12]</u>										
 (13)										
<u>(14)</u>										
	1								1	E 662 (2000)

F

	90 (2022) Unhurried Living	Inc									-2220			age 8
Part	VII Section A. Officers, Directors, T	rustees,	Key I	Emp			s, ar	nd F	Highest Comp	ensated	Emplo	oyees	(conti	nued,
	(A) Name and title	(B) Average hours per week	box	, unles	Pos eck m ss per	son is	nan one s both a /trustee)		(D) Reportable compensation from the organization (W-2/	(E) Reporta compensa from rela organization	ation ted	cor	(F) ated amo of other npensatio rom the	
		(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	1099-MI 1099-NE	SC/	orga	nization a l organiza	
<u>(15)</u>														
(16)														
(17)														
(18)														
(19)														
(20)														
(21)														
(22)														
(23)														
(24)														
(25)														
1b c	Subtotal		•••	•••	••	•••	•••	•						
d	Total (add lines 1b and 1c)		· · ·	•••	•••	•••	•••	•	126,390		0			0
2	Total number of individuals (including but not limit reportable compensation from the organization									of	ł			C
	- · · · · · · · · · · · · · · · · · · ·					la	:						Yes	No
3	Did the organization list any former officer, direc employee on line 1a? If "Yes," complete Schedul						-					3		x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater th													
	individual											4		x
5	Did any person listed on line 1a receive or accrue						-							
Soati	for services rendered to the organization? If "Yes on B. Independent Contractors	s," complete	Sched	lule J	J for	SUC	h pers	son	•••••	• • • • •		5		X
1	Complete this table for your five highest compensa	ted independ	dent co	ontrac	ctors	that	t recei	ved	more than \$100.00	0 of				
	compensation from the organization. Report comp										x year.			
	(A)								(B)			(C)		
	Name and business addres	S							Description of servic	es		Compens	ation	
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-		thos	e lis	ted a	above) wh	10					

orm 99 Part \	<u> </u>	22) Unhur Statement of Rev		d Living	Inc	2			81-22204	86 Page
	• • • •	Check if Schedule O co			or n	ote to any line in this	s Part VIII			
			Jintan				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b	Membership dues		F	1b					
Contributions, Gifts, Grants and Other Similar Amounts	c	Fundraising events		F	1c					
non Dou		Related organizations .		F	1d					
ifts, r Ar		Government grants (contr		F	1e					
s, G nila		All other contributions, gif		-						
ion Sir		and similar amounts not in	-		1f	97,219				
the	g	Noncash contributions inc	lude	d in						
		lines 1a-1f			1g	\$				
ਤੋਂ ਛੋ	h	Total. Add lines 1a-1f					97,219			
						Business Code				
	2a	Event Registratio	n			611710	28,341	28,341		
Revenue	b	Coaching Services	6			611710	67,473	67,473		
nue	c									
Revenue	d									
,œ	е									
		All other program service								
		Total. Add lines 2a-2f .					95,814			
	3	Investment income (includi								
		other similar amounts) .								
		Income from investment of								
	5	Royalties	••		• •					
	60	Gross rents	60	(i) Real		(ii) Personal				
		Less: rental expenses Rental income or (loss)	6C							
		Net rental income or (loss)				•••••				
		(, , , , , , , , , , , , , , , , , , ,	•	(i) Securities		(ii) Other				
	78	Gross amount from sales of assets		(1) 000011100	-	() 0				
		other than inventory	7a							
	b	Less: cost or other basis								
đ		and sales expenses	7b							
Other Revenue	c	Gain or (loss)								
Rev	d	Net gain or (loss)	•••		••	• • • • • • • • •				
Jer	8a	Gross income from fundra	ising							
ð		events (not including \$_								
		of contributions reported o								
		1c). See Part IV, line 18			8a					
		Less: direct expenses .			8b					
		Net income or (loss) from		raising events	•	•••••				
	9a	Gross income from gaming	-							
	_	activities, See Part IV, line			9a 9b					
		Less: direct expenses • Net income or (loss) from								
			-	ng activities	••	•••••				
	IUa	Gross sales of inventory, l returns and allowances .			10a	6,811				
	ь	Less: cost of goods sold			10b					
		Net income or (loss) from					3,597	3,597		
					-	Business Code	0,001	0,001		
	11a	Misc				900099	661	661		
Ine	b									
Revenue	c									
Re	d	All other revenue								
	e	Total. Add lines 11a-11d	•		••		661			
	12	Total revenue. See instru	iction	ns			197,291	100,072	0	

Sect	ion 501(c)(3) and 501(c)(4) organizations must complete all c	columns. All other orgai	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	any line in this Part IX	• • • • • • • • • •		<u></u>
Do r	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b, 9	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	126,390	126,390		
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	15,300	15,300		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions) $\hfill \ .$.				
9	Other employee benefits				
10	Payroll taxes	5,969	5,969		
11	Fees for services (nonemployees):				
а	Management	715	715		
b	Legal	18,026	18,026		
С	Accounting	856	856		
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 $$.				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	894	894		
13	Office expenses	3,100	3,100		
14	Information technology	6,545	6,545		
15	Royalties				
16					
17		4,172	4,172		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings	561	561		
21 22	Payments to affiliates				
22		1 402	1 402		
23 24	Other expenses. Itemize expenses not covered	1,403	1,403		
24	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	(A), anothin, list line 24e expenses on Schedule O.) Bank Fees & Charges	3,124	3,124		
b	Postage & Printing	1,987	1,987		
c	Meals	617	617		
d	Event Expenses	9,636	9,636		
e	All other expenses	1,606	1,606		
25	Total functional expenses. Add lines 1 through 24e.	200,901	200,901	0	0
26	Joint costs. Complete this line only if the				<u>_</u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2022) Unhurried Living Inc		81-2220486 Page 1				
Par	t X	Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X			•••••	
			(A)		(B)	
			Beginning of year		End of year	
	1	Cash - non-interest-bearing	63,880	1	63,717	
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
6	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		8		
As	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D 10a				
	b	Less: accumulated depreciation		10c		
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, line 11		12		
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equal line 33)	63,880	16	63,717	
	17	Accounts payable and accrued expenses	1,850	17	5,297	
	18			18		
	19			19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
es	22	Loans and other payables to any current or former officer, director,				
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liat		controlled entity or family member of any of these persons		22		
_	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	1,850	26	5,297	
		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.				
ses	07	Net assets without donor restrictions		27		
Net Assets or Fund Balances	27			27		
	28	Net assets with donor restrictions		20		
		and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds	62,030	30	58,420	
	32	Total net assets or fund balances	62,030	32	58,420	
Re	33	Total liabilities and net assets/fund balances	63,880	33	63,717	
			03,000		Corm 000 (0000)	

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Form 990 (2022)

Form	990 (2022) Unhurried Living Inc	81-222048	36	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .	• • •	•••	
1	Total revenue (must equal Part VIII, column (A), line 12)	ue (must equal Part VIII, column (A), line 12)		197,291	
2	Total expenses (must equal Part IX, column (A), line 25)			200,	901
3	Revenue less expenses. Subtract line 2 from line 1			(3,	610)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			62,	030
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10		58,	420
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		• • •		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?				x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	990	(2022)